COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
300 SOWER BLVD
FRANKFORT, KY 40601
502-573-0147



| For Office Use Only | | | | | | |
|---------------------------|--|--|--|--|--|--|
| Transfer Fee \$50.00/well | | | | | | |
| TR Ledger No | | | | | | |
| Bond No | | | | | | |
| Total Amount Remitted | | | | | | |

WELL TRANSFER - CLASS II UIC WELLS

| PRESENT OPERATOR: | | | TRANSFERRED TO: | | |
|---|---|-----------------------------------|--|---|---|
| Operator | | | Operator | | |
| Address | | | Address | | |
| | Street | | | Street | |
| City | State | Zip | City | State | Zip |
| Phone No | | | Phone No | | |
| Email | | | Email | | |
| Total number of wells on this lease to be transferred | | | Name of Principal | Officer | |
| | | | County | | |
| Permit Number | Well Number | | Carter Coordinate Location | | Date of last MIT Test |
| | | | | | |
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| | | | | | |
| | | | | | |
| place these wells unde promulgated thereund | er my bond. Thereby, I ar ler. If any entity other th | n assuming con an a sole propr | above or on the attached sheets, nplete responsibility for them und ietorship, signatory must be an of same or provide power of attorned | der KRS Chapter 353 fficer of the entity o | and the rules and regulation reprovide power of attorney to |
| | | , | | • | |
| Date | | | Signature of Purchaser | | Title |
| Acknowledged | | of Colling On | erator | Title | |
| | Signature | OI SEIIINE ONG | -14101 | 11116 | |

Instructions: Use a separate form for each lease. Attach a separate list, if there are more wells than can be listed on this form. Enclose \$50.00 per well transfer fee. Make checks payable to Kentucky State Treasurer. Attach a letter to the division affirming I accept responsibility for any reclamation plan requirements associated with the wells listed above as required by 805 KAR 1:170. A new Class II Plugging and Abandonment Plan (Form ED-41) provided by the purchaser must accompany this form for each Class II well to be transferred.